

To be completed by the Care Coordinator or Parent Partner:

Meeting Date:

Site ID:

Meeting Type: First Meeting Ongoing Meeting Last Meeting

Wraparound Satisfaction Survey

We want to know about your experience with this Wraparound Meeting. Your answers will be combined with other people's answers. *Your name will not be linked to your answers. Your answers will not be shared with any other member of the team.* Completing this survey is voluntary. Choosing to complete or to not complete this survey will not affect the services a child or family receives. If you agree to participate in this survey, please complete the following items:

What is your role on the team? (Please Mark Box)

- | | |
|---|---|
| <input type="checkbox"/> Youth
<input type="checkbox"/> Parent/Caregiver/Guardian <i>Specify</i> _____
<input type="checkbox"/> Other Family Member <i>Specify</i> _____
<input type="checkbox"/> Care Coordinator
<input type="checkbox"/> Parent Partner
<input type="checkbox"/> Therapist
<input type="checkbox"/> Friend | <input type="checkbox"/> Other Mental Health <i>Title</i> _____
<input type="checkbox"/> Education <i>Title</i> _____
<input type="checkbox"/> Child Welfare <i>Title</i> _____
<input type="checkbox"/> Juvenile Justice <i>Title</i> _____
<input type="checkbox"/> Primary Care <i>Title</i> _____
<input type="checkbox"/> Faith-Based <i>Title</i> _____
<input type="checkbox"/> Other <i>Title</i> _____ |
|---|---|

Please circle the number that best describes your opinions and feelings about <i>this meeting</i> .				
	Yes	Sometimes/ Somewhat	No	Not Applicable
1. Are all the goals that the family talked about in the plan?	1	2	3	4
2. Did you learn about things that could be helpful to families at this meeting?	1	2	3	4
3. Did you feel that what you said was important to making the plan?	1	2	3	4
4. Were all the people who were needed present at this meeting?	1	2	3	4
5. Did you feel okay saying what you thought even if it was different from others?	1	2	3	4
6. Did the family direct the planning process?	1	2	3	4
7. Did you understand the discussion during the meeting?	1	2	3	4
8. Did the team talk about the family's special strengths and needs?	1	2	3	4
9. Did the team act like they respected the family's customs, values, and beliefs?	1	2	3	4
10. Overall, were you happy with today's meeting?	1	2	3	4

For Families and Youth (over age 11) only: Please answer these questions only if you have had a Wraparound meeting before today. If today was your first Wraparound meeting, you can skip these questions.				
	1	2	3	4
11. Are there any needs or goals from the last meeting that were not talked about today?	1	2	3	4
12. Have you been able to get what you needed as listed on the plan?	1	2	3	4
13. Did you get what you needed when you expected to get it?	1	2	3	4
14. If you have not gotten what you needed, do you know why?	1	2	3	4
15. If you have not gotten what you needed, did the team talk about finding a way to get it?	1	2	3	4

Additional Comments _____

